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FEC MAIL CENTER

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

LOUISES PAC

ADDRESS (number and street) 7860 WILLIAMS ROAD

Check if different
than previously
reported. (ACC)

HONEYE NY 14471

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00486613

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election
Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

M M / D D / Y Y Y Y

Election on

In the
State of

(d) 30-Day

POST-Election
Report for the:

✓ General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

In the
State of

NY

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bonnie L Callaghan

Signature of Treasurer

Bonnie L Callaghan

Date

11 01 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Rev. 12/2004

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